

**APPLICATION AND CONTRACT TO JOIN**

**CHILWORTH MEMBERS GOLF CLUB until 30th June 2017**

Chilworth Golf Centre, Main Road, Chilworth, Southampton, S016 7JP

[Email: info@chilworthgolfclub.com](mailto:info@chilworthgolfclub.com) Tel: 023 8074 0544

TITLE AND FULL NAME

HOME ADDRESS

POSTCODE

OCCUPATION                      AGE: (UNDER 18)      (18-25)      (26-35)      (36-54)      (55 AND OVER)

HOME TEL:

WORK TEL:

MOBILE:

Email address:

SEVEN DAY MEMBERSHIP - £780

FULL MEMBERSHIP - £570

FULL MEMBERSHIP (24 and under)- £350

FIVE DAY MEMBERSHIP - £520

CHILWORTH CLUB CARD - £35

DO YOU REQUIRE A GOLF UNION HANDICAP

YES

NO

*I HEREBY CONFIRM THAT I AM ENTERING A CONTRACT AND AGREE TO PAY THE FULL AMOUNT DUE FOR THE MEMBERSHIP SELECTED REGARDLESS OF WHETHER I WISH TO CEASE MY MEMBERSHIP FOR ANY REASON BEFORE THE EXPIRY DATE. I AGREE TO ABIDE BY CHILWORTH MEMBERS GOLF CLUB RULES AND BYELAWS AND I AGREE THAT I USE THE FACILITIES AS MY OWN RISK.*

I ENCLOSE THE SUM OF £

PLEASE MAKE CHEQUES PAYABLE TO "CHILWORTH MEMBERS GOLF CO LTD"

SIGNED

DATED